PTO/SB/06 (12-04)

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Lisider the Fispervicis Reduction Act of 1995, no persons are required to resp PATENT APPLICATION FEE DETERMINATION RECORD Application or Dooded Number Substitute for Form PTO-675 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE (T) FEE (I) RATE (\$) BASIC FEE GI CFR 1.16(s), (b), or (c)) EEE (I) NA N/A 150.00 NIA 300.00 BEARCH FEE · NUA MA NA \$250 (2) CFR 1 16(1) (1). Or (m) N/A \$500 EXAMINATION FEE N/A NZA N/A (37 CFR 1.16(d, (p), or (d)) \$100 NIA \$200 TOTAL CLAIMS X\$ 25 O7 CFR 1.16(8) minus 20 s X\$50 OR INDEPENDENT CLAIMS X100 X200 (37 CFR 1.16(N) minus 3 · If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CPR 1.16(s)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +180= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +360= ". If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Cotumn 3) (Cotumn 1) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT. RATE (1) RATE (1) AFTER PREVIOUSLY EXTRA TIONAL AMENDMENT TIONAL PAID FOR FEE (\$) FEE (5) Total Minus X\$ 25 ENDMI DI CER LARS X\$50 OR Minus Independent OF CFR LIEDH X100 X200 OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE OFFENDENT CLAIM (07 CFR 1.140) +180= *360= OR TOTAL ADO'L FEE OR ADO'L FEE 12.20.06 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER $\boldsymbol{\omega}$ PRESENT RATE (1) ADOK-RATE (S) ADDI-TIONAL AFTER PREVIOUSLY EXTRA TIONAL FEE (5) MENDMENT PAID FOR FEE (T) Total GTOFR LIGHT Minus. 66 X\$ 25 . 20 00000 X\$50 9 OR Independent (27 CFA 1.100) Minus 6 X100 00 X200 OR Application Sto Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL OR ADO'L FEE ADD'L FEE 100 * If the entry in column 1 is less than the entry in column 2, write "U in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2".

"If the "Highest thumber Previously Paid For" IN THIS SPACE is less than 3, enter "2".

The "Highest thumber Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 87 CFR 1.16. The information is required to obtain to retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including eathering, and exhaulting the correlated application form to the USPTO. Time will very depending mon the individual case. Any comments.

including gathering, propering, and examiling the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.